

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000042124

1. Corporation Name

DAYTABLE CORP.

2. Principal Office Address

5755 W. FLAGLER STREET

Suite, Apt. #, etc.

209

City & State

MIAMI, FL.

Zip

33144

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 97-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY, 16, 1996

5. FEI Number

65-0933880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEDRO FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

5755 W. FLAGLER STREET

Suite, Apt. #, Etc.

209

City

MIAMI

State

FL

Zip Code

33144

400003170454-3
-03/15/00-01012-027
***1200.00 ***1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/3/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P.	JOSE A. DIAZ-MESA	5755 W. FLAGLER STREET	MIAMI, FL. 33144

1050.00- Adm
88.75- ARSUPP
61.25- AR

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

(305) 261-2157

Daytime Phone #

CR2E081 (9/99)